

**Child Fatality Review #08-02**  
**Region 1**  
**Spokane County**

This 12-month-old Native American female died from septic shock.

**Case Overview**

This 12-month-old child was ill for several days prior to her parents taking her to be seen by a doctor on January 12, 2008. She was given an antibiotic for an ear infection. She vomited and had diarrhea after taking the antibiotic. On January 15, 2008, she became very lethargic. Her parents called 911 and the child was taken to a local hospital. After three days in the hospital the child died of septic shock.

The deceased child was born on January 1, 2007 at 34 weeks gestation. The mother has a history of substance abuse, chronic homelessness, DV and possible mental health issues. The mother was the subject of three CPS referrals in 1996 and 1998 involving a child born to her when she was 20 to 21 years old. That case was monitored by CPS until the child's father obtained permanent custody.

There was an open CPS case on the deceased child at the time of her death in January 2008. The deceased child was in the custody of her parents, but was seen regularly at childcare and received visits from contracted providers and DCFS staff throughout December 2007 and January 2008. She attended childcare on January 11, 2008, was seen at a medical clinic on January 12, 2008, was seen by IFPS provider on January 13, 2008 and by the parent educator the morning of January 15, 2008.

On January 15, 2008, the child's mother called 911 and the child was transported to Sacred Heart hospital by ambulance. A doctor diagnosed her with shock, multi-organ failure secondary to shock, ischemic anoxic injury, and possible non-accidental trauma. The child died on January 18, 2008. The Spokane County Medical Examiner identified the cause of the child's death as hypoxic encephalopathy with cerebral infarcts (stroke) due to septic shock brought on by an ear infection and pneumonia. The manner of death was determined natural/medical.

**Referral History**

On January 2, 2007, a hospital social worker reported to CA intake that the mother gave birth to the deceased child. The mother was in jail at the time awaiting trial on domestic violence charges. She was released to deliver the child. The deceased child was born at 34 weeks gestation and spent time in the neo-natal intensive care unit. The referral was screened in for investigation by CPS and closed as unfounded. The child was placed in protective custody and a dependency petition was filed due to the mother's untreated

mental health issues, instability, the father's mental health issues and substance abuse issues. The parents were homeless at the time of the filing. The parents complied with court-ordered services and demonstrated progress in their ability to parent their child. On July 16, 2007, the deceased child was returned to her parents' care through an in-home dependency order.

On October 26, 2007, law enforcement responded to the family home on a domestic disturbance call. The deceased child's mother reported her husband knocked her to the ground and punched her twice. The deceased child's father reported that his wife got knocked down while he was trying to prevent her from hurting the child. He reported having seen the mother shake the child. The deceased child's father was arrested for domestic violence. Law enforcement reported the incident to CPS on October 30, 2007. The CPS referral was screened as information only. The child was placed in protective custody on October 31, 2007. At a Local Indian Child Welfare Advisory Committee (LICWAC) meeting held in November 2007, it was recommended to return the deceased child to her parents' care with a safety plan. This placement was approved in court on December 3, 2007.

On January 12, 2008, the parents took the child to a doctor after she was ill for several days. The child was given an antibiotic for an ear infection. On January 15, 2008, the deceased child's parents found her non-responsive and called 911. She was transported to a Spokane area hospital. Hospital staff initially reported she had significant injuries. She had injuries to both ears. There is a bruise on the back of her right thigh, left wrist and on her stomach. The child's vaginal area is swollen and has scratch marks. There is visible bleeding from the scratches and blood may also be coming from inside of her vagina. Law enforcement was contacted. The treating physician diagnosed the deceased child with shock; multi-organ failure secondary to shock; ischemic anoxic injury and possible non-accidental trauma. The child died on January 18, 2008. The Spokane Medical Examiner identified the cause of death as hypoxic encephalopathy with cerebral infarcts due to septic shock due to ear infections with pneumonia. The manner of death was determined natural/medical. There was no previous or current trauma to the child evidenced by the medical examiner.

### **Issues and Recommendations**

**Issue:** Four days passed from the date of the deceased child's father's DV arrest and when CPS was notified by law enforcement. The incident led to a protective custody placement.

**Recommendation:** A meeting with law enforcement to discuss delays in reporting to CPS.

**Issue:** There was a premature reunification following a DV incident between the parents and LICWAC recommended the reunification with marriage counseling and DV treatment simultaneously. The review committee opinioned this was contrary to the safety of the child and DV victim.

**Recommendation:** A practice guide with protocols be developed for social workers to reference when working a case involving domestic violence concerns.

**Issue:** The assigned social worker did not complete a reunification assessment or transition and safety plan related to the deceased child's return home in July 2007 after six months in foster care.

**Recommendation:** The social worker will receive information regarding the policy requirements for reunification of a dependent child.

